

<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>2</b>			
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.											
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>											
1. CONTRACT/PURCH ORDER NO. <b>SP0700-00-D-9501</b>			2. DELIVERY ORDER NO. <b>7951</b>		3. DATE OF ORDER (YYMMDD) <b>2004 MAY 19</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04140000387</b>		5. PRIORITY		
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS</b> <b>3990 E. BROAD STREET</b> <b>P.O. BOX 16704</b> <b>COLUMBUS, OH 43216-5010</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CENTER COLUM</b> <b>DSCC-MEECR 614-692-1628</b> <b>BOX 16704 (614-692-2175)</b> <b>COLUMBUS OH 43216-5010</b>			CODE <b>SP0700</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR <b>JUNIPER ELBOW CO INC</b> <b>7215 METROPOLITAN AVE</b> <b>MIDDLE VILLAGE NY 11379-2107</b>			CODE <b>97537</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS							12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>		
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE</b> <b>SEE FOLLOWING PAGE</b> <b>SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>			CODE		15. PAYMENT WILL BE MADE BY <b>DFAS COLUMBUS CENTER</b> <b>ATTN DFAS CO BVDPC/CC CONSTRUCTION</b> <b>3990 E BROAD ST PO BOX 182317</b> <b>FAS CUSTOMER SERVICE 1-800-756-4571</b> <b>COLUMBUS, OH 43218-6205</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		<b>Remarks:</b>  <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA BY: <b>POPS Auto Award</b>			25. TOTAL <b>\$ 58.44</b>		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	
37. RECEIVED AT						38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	
								41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	
										33. AMOUNT VERIFIED CORRECT FOR	
										34. CHECK NUMBER	
										35. BILL OF LADING NO.	

## CONTINUATION SHEET

Order Number:

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## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LMB

000000000 Post Award Administrator NONE AVAILABLE

P/N SEE MIL DWG. Manufacturer's CAGE - 97537

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC04140000387	4	EA	14.61	58.44
	NSN 2040-00-770-8392				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DEST

ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION BY: 2004 MAY 29

**PARCEL POST ADDRESS:**

USS ANZIO CG 68

FPO AE 095641188

**FREIGHT ADDRESS:**

V21658

USS ANZIO CG 68

CALL NAVAL OPERATIONAL LOGISTICS

SUPPORT CENTER NOLSC

PHONE CML 757 443 5, 64 5434

M/F: (TCN) V216584138A184

PRIORITY: 13

END OF AWARD